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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None. SJF

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None. SSF

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

08/23/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>SJF</i> Examiner's Signature	<i>SJF</i> Initials			

## ADDRESS

32074

## TITLE

CREATING INCREASED MOBILITY IN A BIPOLEAR DEVICE

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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